

Safety/Incident Report

The San Jacinto College Safety, Health and Risk Management Department

If you were injured or you recognize a hazardous situation, please complete and submit to the Safety, Health and Risk Management Department by clicking on the SUBMIT button located at the bottom of this page.

Date of Report:

This report was **originated** from:

☐

Central Campus

☐

South Campus

☐

North Campus

☐

District Offices

☐

Off Site

Name of person completing this report:

Check one:

☐

Student

☐

Faculty/Staff

☐

Visitor

Nature of Report:

☐

Minor incident

☐

Major catastrophe or serious incident

☐

Immediate and clear hazard

☐

Potential Hazard

☐

Other

Date and time that incident or hazard was identified:

Specific location of the incident or hazard:

Name of individual(s) involved (if applicable):

Check one:

☐

Student

☐

Faculty/Staff

☐

Visitor

Name of witnesses:

Describe the incident or hazard:

Was College Police notified?

☐

Yes

☐

No

Who initially reported the situation, and to whom was the report made?

Was assistance provided by outside agencies?

☐

Yes

☐

No

If Yes, indicate agency:

Was medical treatment offered?

☐

Yes

☐

No

Action taken, and if so by whom?

ADDITIONAL COMMENTS:

06.2015

Injured Workers Signature (if applicable)

